

J. Emilio Carrillo

18 July 2017

Equal Access Oral History Project

JOAN ILACQUA: Okay, so we're now recording. This is Joan Ilacqua, and I'm doing a phone interview today, on July 18, 2017, with Dr. Emilio Carrillo. Dr. Carrillo, do I have your permission to record our phone call today?

EMILIO CARRILLO: Yes, indeed.

JI: Great. So we're doing this interview as part of the Equal Access Oral History Project for the Office of Diversity, Inclusion, and Community Partnership at HMS. And my first question for you is background, and I'd like you to please tell me about yourself, and where did you grow up?

EC: Sure. I was born in Havana, Cuba, and when there was the revolution and the drastic change in government, there was a large exodus of Cubans at the time. And in 1961 before the missile crisis, there was an opening for children to get out of the country, because there was no visas for adults. So I was one of what's called Peter Pan -- Pedro Pan -- kids -- about 16,000 young Cubans that left that were, you know, taken and took themselves out of the country, with their parents staying behind. And

subsequently, I was raised for over a year by relatives that took me in. But that was my first entry into the United States. My parents, fortunately, were able to join me about a year or so later. When my parents got to Miami, I still didn't speak any English. We went on to New York, where we found a sponsor, since there were no jobs -- mainly industrial jobs at that time -- available in Miami. And we came to New York City, where my dad was able to get a job, my mom, and we lived in a very poor area in what was then the Upper West Side of Manhattan, before it was renovated. And went to school and worked hard as part of the family. And basically grew up quite poor, as an immigrant and as someone that was from another culture. At the time -- having been learning English fairly quickly, as kids tend to do -- I was able to help my family with interpretation, with cultural access, and helping them access the system. And, you know, my father, in particular, fell sick at the time, so I had a lot of involvement in his access to health care -- as interpreter, or as just being the one accompanying him to the emergency room. And so that kind of like just really focused me on the experience of the immigrant and the experience of the health care system in the United States. And that kind of

was very character building and kind of really set my sights in terms of my own career and my profession. I went to a Catholic high school. I was fortunate to get a scholarship to Columbia College, where I did biology and German and did well in school. I also became a student leader at Columbia. And Columbia was just in the aftermath of a very, very drastic upsurge and rebellion with -- in 1968, as it happened around the world, in many places. And I came in as a freshman in the fall of 1968, so that you still had the aftermath of all the violence and the hard, hard issues that were discussed and debated and fought about. So I really enjoyed my time at Columbia. I met a lot of people with different ideas. I entered many different cultures. And I -- besides during my work, with which I was quite successful -- I also spent time [5:00] doing community health volunteer work. There was a community service council at Columbia that got students involved in community work with work study, and I did that very, very deeply -- got very involved in working with the local community, working on housing issues, the squatter issues, and really learned a lot about the social determinants of health. It was a real experience in terms of how health is driven by the experiences, by the social

conditions that shape your life. So I then decided that I wanted to go to medical school, and I wanted to really focus on community health. And I applied to several schools and my interview at Harvard -- and again, Harvard was kind of like a long shot. I really -- I was pretty happy living in New York -- Columbia Medical School had given me an offer -- early offer. But I was intrigued by Boston and Harvard. But I just felt that it was not quite the place for an immigrant who grew up poor in New York. But lo and behold, who was my interviewer? It was Dr. Poussaint. Dr. Poussaint interviewed me. And first of all, seeing a black man, a man of color, doing -- opening doors to Harvard and being so polished and so intelligent and so kind really made a great impression on me. So when I was admitted to Harvard, I said, well, I'm going to take the chance and move the family to Boston, and then the rest is history. So as soon as I came to Harvard, I realized that I was among the very first Latinos to come to medical school at Harvard. I had been in that position of being the pioneer before -- in high school, a semi-private Catholic high school, where I was one of the first Latinos to succeed. And then in college I was involved in creating a student organization and, as I had said, was very

involved in community health. I was voted as a university senator at the time. So I was very involved, and I had a sense of urgency and had a sense of -- had a vision of health care and how diversity -- and how bringing Latinos into medical school and medicine would be a way to not solve the problems -- the entire problems of health in the Latino community, but it would be a major, major impetus and driver to improving health in this community. So one of the first things I did is basically to start organizing and talking to people about starting a student organization. In my class, there was a couple other -- like, two Latinos from the West Coast -- two or three -- and there was myself and Jaime Rivera, who were the two Latinos from the East Coast. I spoke to Jaime, and he was not involved in movements or politics before medical school, but he was very, very open to these issues and had a lot of interest in increasing the presence of Latinos in medical school. So I worked with him, worked with others, worked with Dr. Poussaint, who was always a mentor from day one in the Medical School, and a guide -- and Dr. Leon Eisenberg, who was -- you know, the two of them were my mentors, and people I really had tremendous respect for. I mean, the late Leon Eisenberg, who passed a few years ago. At that

time, we -- it was not easy. [10:00] It was not easy to make this happen. The dean then was Dean Ebert, who was a very distinguished dean, and he was, you know, quite open to new ideas. But still, as a system and as a political and cultural organizational entity, Harvard was really not ready for opening its doors in this way -- I mean, there was a lot of resistance, as I'm sure you've learned from others who were there at the time. It took a lot of daring by people like Furshpan and Kravitz and Poussaint and Eisenberg to begin to make the point that minority students had a place in medicine and a place at Harvard. At the time, before I came in, there was a couple of things that had happened. I mean, particularly, Dr. Poussaint and Furshpan and others had started a program -- a joint MIT-Harvard program -- to recruit promising minority students -- African American, Native American, immigrant, Latinos, Puerto Ricans, Chicanos -- to recruit them in college -- and recruit them early on, and put them through a six-year program that would give them a bachelor's and an MD. It was an accelerated program -- it was jointly MIT and Harvard -- and in that program, they recruited one Latino student, Luis [Gardner?] Costa, who was an activist in New York, and he had done a lot of work with the Young Lords, a

group that was very active at the time. Remember, this was the late '60s, early '70s. And basically, he was about to be -- he had done very poorly in this program -- again, the program was very well-intentioned, but in taking students who may not have all the required background -- the necessary foundations -- in the medical sciences and biochemistry and so forth, and putting them through a six-year accelerated program, that's a lot. And there were some students that made it through, which was very, very encouraging, who became part of the class. Again, I don't remember the particulars of the program, but I think that it covered the first two years of medical school. And then they had to join the class for the clinical part -- something like that. I don't recall precisely. But there were some African American students that had succeeded in this program. But Luís failed; he had failed. And I organized the students, basically, to protest that, you know, we should give him another chance. That he really deserves to come in and try one more time. This is something that the TV -- it was on the local news channels, there was a protest at the admissions committee by community activists, so it was kind of a big deal -- it got some news attention. And the decision was that Luís would

be accepted into the class, but he would basically have to perform at the same level as any other student. So we welcomed Luis, and -- as you could imagine, he couldn't cut the curriculum. And he fell off about after the first semester, even before the first semester despite a lot of support he got from the students, and tutoring, and everything else -- and the school. So at the time, you know, we -- I spent a lot of my energy in that first semester, in that first year, in basically pulling together the Latino students and networking with others in New York who had similar intentions. We basically asked the administration, and we were granted a small room in Vandenburg Hall as an office. I mean, we were very -- you know, myself and Jaime [15:00] and Luis and a couple of others that worked with us -- were really excited that we had a place -- we had a door where we could put the name of the organization. We called the organization Boricua Health Organization. Boricua is a Puerto Rican term for the island, and at the time, in the late '60s, early '70s, in the East Coast, the Latino experience was primarily defined by Puerto Ricans, who were the majority who were in this section -- sector of the population. Although the organization was open, and was -- basically was a Latino

organization. It just had that Puerto Rican name. And in the Puerto Rican community, there was a lot of activity -- social activism going on at the same time. So it kind of paralleled the activism that we were moving forward at HMS. So not only that, we were -- you know, the organization, we -- it was founded on a very simple principle that the purpose of it is to recruit more Latinos into medical school. Secondly, to make sure and help those Latinos retain -- I mean, having the experience with Luis and others around the country, we knew that it was very hard for Latinos to make it through medical school because of cultural issues, because of not having the right scientific academic foundation, and many other things. So we knew that that was a real problem. So besides recruitment, the second purpose of the organization was to retain those students that are in. And thirdly, the third principle of the organization was to keep the students focused on the health needs of their community, to inform the students about the health needs about the community, and to involve them and maintain them engaged in the communities that they come from. And not to just enter Harvard and enter another world and leave behind where they came from and where the need remains. The organization, we -- the school gave us a

recruiter -- I mean, so Harvard paid for a full-time recruiter to work with us. Her name was Josefina Vázquez. And she was very diligent in going to BU, going to Tufts, talking to other schools. We went and met with the deans at Tufts, we met with the deans at BU, and lo and behold, through our efforts that year, we basically generated a more sizable class for the following year. So the class of '77 included several more Latinos than the class of '76 -- not just at Harvard, but also at BU and Tufts. So basically, the organization was now not just -- it started at Harvard and it was basically led from Harvard, it included the other medical schools in Boston. At the same time, I participated with Dr. Helen Rodríguez, who was a chief of pediatrics at Lincoln Hospital in New York and was a Puerto Rican woman who was very engaged in women's rights and Latino rights and minority rights -- I mean, she was a real activist. And she worked with me to set up a conference -- a medical student conference in New York, which was held in the spring -- that would be in '77 -- where we basically brought students -- Latino students -- from the schools in New Jersey and New York, Pennsylvania -- so it was a real national conference. And there, we basically made the organization not just a Boston

phenomenon, but an East Coast phenomenon. So that -- we really saw the organization as a way to sustain ourselves. It wasn't just being altruistic, but basically, by working with others and helping others, we were [20:00] helping ourselves. And we were basically -- you know, it was a very lonely time. I mean, very few of us had role models in our own family. Very few of us had mentors that carried us to this point. So this really provided a real (inaudible) for Latino students. When we had, for example -- and I remained very active with them for years, even after I started my residency at Cambridge Hospital and Mass General Hospital. We had, for example, a student -- we had one student in the class of '79 -- I think it was -- who was quite depressed. And he was -- he felt nervous about going to see student health, so we found him a Latino psychologist in Boston who was tremendously helpful to him and helped him get through a tough time. We also set up tutoring classes and so forth, gave people -- we kept copies of the old exams and shared them with the new classes. And we also -- every year, we held a conference. The first one I mentioned was in New York. The following ones happened at Boston, and they were mostly focused at Harvard, where people would come -- Latinos from all over

the Northeast, the East Coast -- and we basically would build the organization. So we built an organization that basically evolved -- it went from being the Boricua Health Organization at Harvard to the Boricua Health Organization at all the Boston schools to being the Boricua Health Organization nationally. And then, of course, the name evolved. It evolved to the Latino Boricua Health Organization, to be more inclusive in terms of the title. It evolved to the [term?] National Latino Medical Student Organization, National Latino Boricua Health Organization, and then eventually. This basically became a national organization -- the National Latino Medical Association -- that basically now has hundreds of students well organized throughout the country. It's like the major Latino national organization. And we have -- through this organization that basically has maintained itself over all these years -- you know, over 46 years -- they have basically maintained the same theme, the same three principles, and with the support of schools. And also with fundraising -- have miraculously been able to remain effective. And to this day, it's a major organization. So that was really something that came out from our efforts that I'm very proud of, and just -- I very recently --

there was a national meeting of the organization that was held in New York, and I was given an award. I found this award, and I've had a chance to speak to the students. And what really impressed me was how fervent these students they were, and how passionate they were about basically supporting other students. And how so many of them would say, "Well, I was the first -- I opened the first chapter at this particular school, I started a community program in this school" -- how everybody -- the spirit of being creative and taking leadership in your community -- how this had spread. And to this day, you have people taking pride in opening doors for others in the community. And as for myself, I went on to get a master's in public health, as well, at Harvard. And I started off in Boston, working, being in the junior faculty at the Medical School and the School of Public Health in population sciences, teaching, and also doing my residency at Cambridge and then Mass General Hospital. [25:00] I was on the faculty after that for 10 years. I had some major grants from the NIH that I led -- in Latino community health -- became pretty well-known nationally, and was very involved -- became involved with government agencies that were looking to promote community health, in particular in Latino communities. And

in 1990, in New York, there was an African American mayor -
- the first African American mayor, Dinkins, David Dinkins.
And they had a national search, and lo and behold, they --
you know, I was chosen to be the president of the Health
and Hospitals. Basically, the largest municipal health
care system in the country. So I went there and in two
years achieved the initiation of cultural competency
programs, the promotion of primary care and development of
infrastructure for primary care, preparation for developing
the means to deal with the rising tide of managed care.
And after that, I went to New York Presbyterian, Weill
Cornell Medical College, where I led community efforts --
community health efforts -- and co-founded a health plan --
a Medicaid HMO that was dedicated to really providing care
to the poor and creating opportunities for improved health
in the community. And I did that for, like, 15 years. And
from there, I went to a corporate function at the hospital,
looking at developing community health programs and
community health -- which I did, and we created some very
successful programs in northern Manhattan that have gotten
national attention and won awards and have been replicated
in other places. And right now, I'm slowed down a little
bit -- I'm seeing patients -- I always continued seeing

patients throughout the whole time -- I'm teaching at Weill Cornell, and I'm also doing some work with the NIH and the Mass General Hospital, the Disparities Solutions Center. So there you are. That's kind of a summary.

J1: (laughs) So first of all, thank you. Second of all, you hit every single one of my questions in the course of your narrative. And the unique kind of oral history where I'm just going to ask one question and then go --

EC: (overlapping dialogue; inaudible)

J1: Oh no, it was perfect. So really at this point, my last question is always thinking back on your time at HMS -- and the rest of your career, is there anything else that you'd like to share? Is there anything else that came to mind?

EC: Well, I think that -- a couple of things. I mean, you've got to follow your passion, and I think that we've seen this with the success of many of our graduates. I -- along with Joan Reede and a few others -- we -- back, I think, in '06, '07 -- we started the Poussaint Lecture Series, which I gave in '08. And we've seen with all these African American and Latino students that have come back, how people just followed their passion. You know, the reason that they got into medical school was just the passion that they had, and they carried that through medical school, and

Harvard was an excellent place to promote leadership. And in fact, for a few years, I was on the admissions committee, and I understood that the -- kind of the prime factor that Harvard Medical School looked for in students was leadership, and that at Harvard, there's this drive to create leaders. And lo and behold, we've done that.

Harvard has -- the Medical School -- once Furshpan and Eisenberg and Poussaint and Ebert -- I mean, once these people opened the door [30:00] a crack, these people that had been recruited and been students there have continued their passions and have made a lot of changes and a lot of contributions all around in medicine. So I think that Harvard has been successful in basically targeting the passion that students come in there and basically helping to select leaders and helping to mold leaders that go on. That's number one observation. And that's what we did in Boricua Health Organization, the LMSA -- to really promote leadership. And the only way that that organization survived -- and we always made this point -- is that when students came in, and by the time they got to their third year, they had to go into the wards, and they would disappear. So we made it very -- you know, developing leadership of the incoming classes, the freshmen, was

really the ticket to survival and the continuity of the organization -- spotting leaders in the first year and grooming them in the organization. So that leadership is a major, major component to the story. Another major component of the story is mentorship. I think that the only way that I got to where I got and did what I did was having mentors like Eisenberg and Poussaint -- and many others. I think that that's really, really important. And to the extent that the Medical School promotes mentorship for its students -- that's actually something that Joan Reede has been doing now for quite some time -- to the extent that that is done, I think that that really, really helps students to succeed and develop the leadership. And then the third and final, I think, foundation is keeping people focused on their community. And this is not about getting people to be primary care or public health or any of that. I'm not talking about people to be thoracic surgeons, people to be deans, people to be endocrinologists, orthopedists -- you name it, because you serve your community where you came from, no matter what you do. And we always were very open about that in the organization -- that the need to not pigeonhole people into community service of one type, but understanding that

community service comes in all different -- many different forms. So basically, promoting people's interests and maintaining them tied to the community is very important. And we had a saying that we passed on from year to year, which is that we don't want to become Harvard-ized. And that terminology kind of meant that we don't want you to just become a stereotypical Harvard academic -- we want to maintain our community roots, our community involvement. And to that end, every year since we started over the 45 years -- we've always had speakers at the conferences who are from the community, who are community activists, who are doing things for improving health in those that are more vulnerable. And that has been very, very important, and has been a real important part of our work.

JJ: Wonderful. Well, Dr. Carrillo, I'd like to just take another moment to thank you so much for taking the time to talk to me today and for being part of this project. It's been really wonderful, you know, listening to your story and hearing from you.

EC: Well, thank you. It's a pleasure to pass the story on because it was a beautiful story, and it deserves to be heard.

JJ: (laughs) Wonderful. Great. I'm going to stop recording.

END OF AUDIO FILE